

DAY CARE CENTER
RENEWAL APPLICATION CHECKLIST

PLEASE PRINT THE FOLLOWING FORMS FROM www.dphhs.mt.gov/earlychildhood AND ATTACH THEM:

_____ **Renewal Application Form** (must be completed in full, signed, dated, and notarized)

_____ **Insurance Verification** (to be filled out by insurance company)

_____ Current Public Liability _____ Current Fire

_____ **Center Staff Master List**

_____ **Employee Cover Sheet** (must be completed in full)

_____ **Release of information** (must be completed in full, signed, dated, and notarized)

_____ **Statement of Health Form** (must be signed and dated)

❖ **W9 TAX ID FORM** - please request this form ONLY if you have a change of name, change of address or if you are requesting to be assigned a tax payer identification number)

IN ADDITION, PLEASE ATTACH THE FOLLOWING:

_____ **Verification of Fire Inspection**

❖ Certificate of Approval from the State Fire Marshall

_____ **Verification of Health Inspection**

❖ Certificate of Approval from the public health authorities

_____ **Verifications of Immunizations from Public Health Nurse**

❖ If not included in sanitation report

_____ **Emergency Evacuation Plan**

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THE EMPLOYEE COVER SHEETS:

_____ **Immunization Records** (MMR / TD if not already submitted)

_____ **CURRENT CPR Card, must include Infant, Child, and Adult CPR (Copies – front & back)**

❖ Please check the cards for current dates

_____ **CURRENT First Aid Card (Copies – front & back)**

❖ Please check the cards for current dates

_____ **Training Hours** (must be obtained during your registration year **NOT** the calendar year)

❖ Directors must have 15 hours of continuing education

❖ All care-giving staff that work over 160 hours a year must obtain 8 hours of continuing education

_____ **Criminal background checks**

❖ The State of Montana will do these checks for centers coming off of an extended registration

_____ **Child Protective Services (CPS) & Adult Protective Services (APS) background checks**

❖ The State of Montana will do these checks for centers coming off of an extended registration

_____ **Department of Motor Vehicles background checks**

❖ The State of Montana will do these checks for centers coming off of an extended registration

_____ **Out of State background checks** (if applicable)

FAILURE TO OBTAIN AND SUBMIT ALL OF THE ABOVE REQUIRED INFORMATION BY YOUR LICENSING EXPIRATION DATE WILL CAUSE A LAPSE IN YOUR DAY CARE LICENSE.